FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		ORGANIZATION					
		(See instructions)				Office use only	
	NAME OF COMMITTEE (in f	iull)	(Check if name is changed)	Exa over	mple: If typying, type the lines	12FE4M5	5
LLE	Force Protection	on, Inc Politi	cal Action Committ	tee LLL			
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A <u>D</u> DF	RESS (number and s	street)	2450 Crystal Drive				
_	(Check if address is changed)		Sujte 1060		<u> </u>	1111	
X			Arlington		لتتتبين	VA	
				CITY	•	STATE▲	ZIP CODE ▲
COM	MITTEE'S E-MAII	,	lease provide only one e		,		
	(Check if address is changed)		mark.garrell@force	protecti	on.net 		
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	is changed)				1 1 1 1 1 1	1111	
2. [DATE 0 9	/ D D D 18	2 0 0 9 Y				
3. F	FEC IDENTIFICA	TION NUMBER		C Coo)465104		
4. I	S THIS STATEM	ENT X	NEW (N) OR		AMENDED (A)		
I certif	y that I have examir	ned this Stateme	nt and to the best of my kno	owledge ar	nd belief it is true, correct	and complete	
Туре	or Print Name of 1	Treasurer _	Mr. Mark Lenno	n Garre	II .		
Signa	ture of Treasurer	Electronicall	y Filed by Mr. Mark	Lennon	Garrell	Date 0	9 18 2009
NOTE	: Submission of fals		incomplete information ma	-			
		ANY	CHANGE IN INFORMA	ATION SH	OULD BE REPORTED	WITHIN 10 DA	AYS
	Office Use Only				For further informatio Federal Election Comm Toll Free 800-424-9530	ission	FEC FORM 1 (Revised 02/2009)